
**The Commonwealth of Massachusetts
Department of Social Services**

INTAKE AND ASSESSMENT POLICY PROJECT

Report of Focus Groups and Survey Findings

April 2004

**Lewis H. Spence
Commissioner**

**Susan M. Getman, LICSW
Deputy Commissioner**

Acknowledgements

In addition to the focus group facilitators and recorders listed in Appendix B, the Department of Social Services would like to thank consultant Kathy McCarthy who prepared the initial draft of this report and reviewed subsequent versions. The Department would also like to thank the many unnamed people who gave their time and effort to help obtain these valued insights into the agency's current policy and practice regarding intake and assessment. They served on the initial work group that conceptualized the "listening and learning tour." They provided feedback on numerous drafts of focus group questions and procedures and the survey instruments. They assisted in the training of focus group facilitators and recorders. They invited participants and helped make arrangements for their comfort during the focus group sessions. They participated in the focus groups, giving a minimum of 2 hours of their valuable time to thinking and speaking about their relevant experiences. Some completed surveys. Others compiled the results. Their work has coalesced to provide a well-informed basis for the next step—undertaking a fundamental rebuilding of intake and assessment practice to better meet the needs of the Commonwealth's children and families.

The Commonwealth of Massachusetts
Department of Social Services

INTAKE AND ASSESSMENT PROJECT

Report of Focus Group and Survey Findings

April 2004

Table of Contents

Executive Summary..	1
Report of Focus Groups and Survey Findings	5
Appendix A – Sample Questions	17
Appendix B – Focus Group and Survey Support Staff	19

INTAKE AND ASSESSMENT POLICY PROJECT

REPORT OF FOCUS GROUPS AND SURVEY FINDINGS

Executive Summary

April 2004

DSS initiated the Intake and Assessment Policy Project in February 2003 for the purpose of assessing the ways in which the Department's policy and case practice reflect the DSS Core Practice Values and DSS Mission (see below). Between October 2003 January 2004, an estimated 250 individuals—including families and adolescents, foster and adoptive parents, community and professional representatives, and DSS staff of all levels—provided information through focus groups and surveys. This summary highlights the main points made by participants regarding the “front door” to DSS.

DSS CORE VALUES

- Child Driven
- Family Centered
- Community Focused
- Strengths Based
- Committed to Diversity/Cultural Competency
- Committed to Continuous Learning

DSS MISSION

The Department of Social Services is dedicated to the safety, permanency and well being of children who have been abused and neglected in family settings, or by recognized caretakers. In delivering services to children and families, the Department seeks first to ensure the safety of children.

The Department recognizes that it operates, not in isolation, but in partnership with families and, as such, seeks to assist parents in meeting their parental responsibilities. The Department recognizes that families most often are the best source of child rearing, and so intervenes into family units only when it is clearly necessary to protect children, or is in children's best interest.

The Department understands that children need stability and permanency and that substitute care, although often necessary, is a temporary solution. The Department always looks firstly to direct its efforts toward reunification of children and parents. If it is determined that reunification is not feasible, the Department shall take swift action to implement another permanent plan, such as adoption or guardianship.

This is what was learned from the participants in the focus groups and surveys:

INTAKE

First Responders—Critical, common themes and suggestions that emerged:

- Be professional, non-judgmental, well-trained and skillful in engaging families.
- Have a welcoming, problem-solving stance.
- Be able to communicate clearly in both written and spoken language with all families.
- Be able to establish positive, mutually respectful relationships with families, collaterals and the community, in order to carry out more preventive work and help families avert crises.
- Be inclusionary with regard to the family and its supports, and identify, locate and involve fathers from the outset.
- Have strengthened cultural competency, i.e., an ability work effectively with persons of diverse backgrounds different from their own.

Voluntary Intake— Critical, common themes and suggestions that emerged:

- Be immediate and flexible.
- Provide clearly written, up-to-date information on policy, regulations and community resources in the languages used by families.
- Provide for information, referral and follow-up staff to carry the case until the appropriate referral to another agency is complete.

Post-Adoption Services Intake—It is suggested that specialists who have competency in this area complete this task.

Training—It is suggested that intake staff (and others) be trained on the following topics:

- mediation
- strength-based interventions
- interviewing
- active listening techniques
- relationship building
- anger management
- boundaries

PROTECTIVE INTAKE

Current policy and practice is regarded as solid; however, there were recommendations for improvement.

Communication during Protective Investigations—

- Keep social worker communications on a high level between the families, professionals and community supports during the investigation and be sensitive to parents' feelings of being and shame that often occur.
- Provide parents with a clear understanding regarding each step of the process.
- Make parents aware of any immediate safety concerns for the children, including the exact nature of these concerns and what their responsibilities are for ensuring safety.
- Delineate the reasons for any needed placement, letting parent(s) know that the children are safe and providing, whenever possible, the type of placement and a description of their living environment.

Open Case and Foster Home Investigations—Involve the ongoing or family resource worker, as applicable, informing the family of the report and accompanying the investigator to the home visit.

Investigation Procedures—Include interviews with:

- All family members, including identified extended family.
- All verbal children separate from their parents and siblings; parents recommended that an objective adult be present.
- Every collateral, including those identified by the family.

Emergency Responses—Always use teams.

Background Record Checks—Include FamilyNet, CORI, and police checks and complete at the outset.

DSS Attorney Consultations—Consult if removal or the filing of a C&P is considered.

Access to Home-Based & Family Supportive Services—Have services such as Family Stabilization Teams, Family Based Services teams, Family Group Counseling and child care readily available to investigators.

Investigation Decision-Making—

- Inform by input from the family as members of the decision-making team (including any foster family being investigated), collaterals, and management at the area office level.
- Verbally communicate to the family and mandated reporter, not just written notification, once the decision is made.
- Provide the family with a detailed explanation of the next steps in their involvement with the Department, and include an introduction of the next social worker to the family by the investigator, if a case will be opened.

Existing 10 Calendar Day Time Frame—Extend to at least 10 working days.

CHINS INTAKE

Critical, common themes and suggestions that emerged include:

Family Focus—Is needed. The focus of the existing CHINS process on the child as the problem does not work for children, families, or professionals. Refocus the program immediately on the family as a unit and rename FINS (Families in Need of Services).

Court-Ordered Out-of-Home Placements—Are destructive; instead, refer families to DSS before this kind of crisis ensues to encourage parents to maintain responsibility and remain involved in meeting their children's needs.

Resources Needed to Avoid Out-of-Home Placements—Include:

- adolescent tracking
- Family Based Services
- mediation
- teen peer groups
- parent education and training
- Family Stabilization Teams
- random drug screens

C&Ps—File a C&P if protective issues are documented rather than provide CHINS services.

Court Liaisons—Developed such liaisons to alleviate many CHINS related problems.

Greater DSS Legal Presence—Is needed in the CHINS process.

Involvement of Other Agencies—Is needed, including DMH, DYS, and the schools systems.

ASSESSMENT

Critical, common themes and suggestions that emerged

More Active Family Participation in Assessment—Encourage by:

- Providing families the capacity to write parts of it themselves and to read and comment on the final product.
- Asking: “What would be helpful to your family?”
- Using more strength-based theory and having families identify competencies and successes.
- Completing genograms, ecomaps, and timelines with parental involvement.

Accurate Documentation in FamilyNet—Is needed, especially demographic information such as names, addresses, social security numbers, custodial and guardian legal statuses, dates of birth of the family, missing parents, extended child and parent supports, etc.

Collateral Contacts—Are critical and need to be documented, including all professionals involved with the family.

Training—Needed to improve assessments includes:

- gathering family history, particularly around trauma, abandonment and loss
- bio-psycho-social history, present and past functioning
- medical, legal and educational information
- family systems theory.

Transitions between Social Workers are a Problem—Information is being lost or distorted, ongoing workers lack a thorough knowledge of the family's history, and problems with trust and relationship building are occurring. Recommendations include:

- Eliminate specialized assessment workers; instead, one worker should be assigned from intake or the intake and assessment tasks combined.
- Have assessment workers give the families a copy of the assessment.
- Require the assessment worker to always introduce the ongoing worker to the family.

Team Approach—

- **Benefits:** Promotes multifaceted casework and may enable more timely case closings.
- **Concerns:** Implementation difficulties, clinical issues (such as workers' styles and the potential for splitting), caseloads, compliance and having sufficient staff.

Assessment Protocols—Existing protocols provide practice guidance on assessing risk; assessing, planning services with and transitioning adolescents to living independently; substance abuse; domestic violence; and identifying factors affecting parental effectiveness, and were found to be useful, if followed. However, they need to be updated and expanded, especially the substance abuse protocol. Detailed mental health and educational protocols are also needed.

COMMUNICATION

Participants cited the importance of professional and grassroots/natural services to the success of DSS's work with families and identified a number of additional ways in which written and verbal communications, both internal and external, can be improved to enhance DSS effectiveness.

For External "Team Building":

- Carry out ongoing training and public relations for providers, community groups, and businesses.
- Provide updated pamphlets and guides that delineate DSS functioning and responsibilities need to be available in the languages used by the community.
- Provide mandated reporter training, said DSS attorneys, around such issues as rules of confidentiality and statutory changes.

For Supporting DSS Social Workers:

- Provide cell phones with caller identification.
- Make special provisions for the geographical diversity of individual offices.
- Provide business cards.

For Supporting Families: Use service plans more actively as a tool with families, beginning at intake and changing continuously throughout the life of the case.

INTAKE AND ASSESSMENT POLICY PROJECT

REPORT OF FOCUS GROUP AND SURVEY FINDINGS

April 2004

In February 2003, the Deputy Commissioner for the Department of Social Services initiated the Intake and Assessment Policy Project. The purpose of the project was to determine whether the Department's policy and practice reflect the DSS Core Practice Values and the DSS Mission (*see Executive Summary*) and are updated to reflect current state and federal mandates. A decision was made to seek information not just from DSS staff but from families who use DSS services and from professionals and community representatives who collaborate in meeting families' needs. An agency-wide work group was established which arranged for focus groups and surveys to obtain information from an estimated 250 individuals statewide over a four month period between October 2003 and January 2004.

This report presents findings from the 12 focus groups, involving between 10 and 15 people. Four DSS staff focus groups were held that included social workers, supervisors and managers. Three focus groups of parents who had received or were receiving services were held: one group from Central/West regions, one group of Latino parents from Lowell DSS area office and one fathers' group, all of whom represented either the African American or Caribbean American cultures. Also included is information from a group of foster and adoptive parents, a group of community leaders, a group of adolescents who are in care or have been and a group of professional representatives, many of whom are also mandated reporters.

Additionally, two written survey instruments were developed to collect information from over 100 people. One survey obtained information from specialists in the following programs and units: CAP, Mental Health Clinicians, Substance Abuse Specialists, Residential Planners, Adolescent Services, Adolescent Outreach Workers, Family Support Staff, Family Based Services, Educational Services, Background Record Check Unit, Medical Services, the Ombudsman's Office, Adoption Services, Case Investigation Unit, Special Investigations Unit, Foster Care Review Unit, Information Technology, and the Training Unit. The second survey gathered information from DSS attorneys throughout the state and the Office of General Counsel, including the Fair Hearing Unit.

To prepare for the focus group process, a set of questions was developed and tested. An experienced trainer met with the identified facilitators and recorders for each group to provide training in conducting a strength-based focus group. Each recorder used a flip chart to list the main points of the discussion around each question. The goal was to let each group member know that his/her ideas were being heard and accurately reflected. At the end of each question, the facilitator summarized these notes and asked the participants to confirm that they were a true reflection of what was discussed. The facilitator and recorder agreed upon the final submitted report for their group. Most of the findings noted in this report were found to be "strongly agreed upon."

This is what was learned from focus group and survey participants:

I. INTAKE

Both focus groups and survey respondents were asked to think about intake at DSS generally and identify those aspects they found helpful and those they felt needed to be improved.

1-A. Helpful Aspects of Current DSS Intake

Most participants felt that the DSS intake policy for child abuse and neglect situations is basically fine with the exception being that some families felt that they were not adequately included in the processes that affected them. There was strong agreement regarding the need for both the screener and the investigator to be positive, professional, non-judgmental, well-trained and skillful in engaging families. Some parents strongly communicated that policies can only work and be helpful if the DSS social workers are willing to listen to and respect the parent. Also, participants spoke of the need for clear communication, both written and spoken, with families. DSS participants felt that when a positive, mutually respectful relationship has been established with collaterals and the community, they are able to do more preventive work with the families and often crises can be averted. Frequently mentioned were the benefits of having solid liaisons with the courts and schools. There was a strong feeling that it was very helpful to have experienced screeners and supervisors, who are known to the community, have respectful and professional stances in regards to their responsibilities and families, and are skilled and accurate in using FamilyNet to obtain previous DSS history information.

1-B. Changes Needed to Current DSS Intake

a. Re: When DSS is the right place to contact for help

Most participants agreed that DSS is the correct place to contact for help when child abuse or neglect is suspected and the mechanism in place (51A screening) is appropriate. Most felt that while voluntary requests for services and Child in Need of Services (CHINS) cases are appropriate for the Department, changes need to be made in the intake process, so that families are able to access the most appropriate services. They felt that each family needs assurance that collateral agencies and the Department are engaged as a team with the family in planning to address the family's needs. Some parents stated that DSS needs to focus on prevention and help families address problems before they become critical. Parents felt that teaming (combinations of more than one social worker or a social worker with a supervisor) offers the opportunity for several sets of eyes to view their situations.

Most participants felt that the process for receiving a voluntary request for services needs improvement. They felt that intake staff should have a welcoming, problem-solving, interested stance. Also, there needs to be an identified person who can ensure that these requests are responded to promptly. This person should have a knowledge base that would allow for triaging each case. Many DSS staff mentioned the possibility of having a social worker technician for this task. The participants felt that voluntary intake has several components: preventive child welfare; supportive services for families, including the ability to support families regarding public health, mental health and mental retardation issues; information and referral to appropriate agencies; and CHINS diversion. Members of the fathers' group agreed that they often felt set up to fail by the system and that social workers do not seek them out often enough at the beginning.

Voluntary Requests for Services

Participants indicated that in order to have families request services before a protective crisis ensues, the Department needs to be flexible and available when services are requested. There needs to be clearly written information on DSS policy and regulations, so that the family is aware of what to expect from the Department and what is not available through DSS. All written materials should be clear, easy to read and available in the languages of the community serviced by each area office. From the initial intake the family should have clear expectations of the process and their responsibilities in it. The intake social worker needs to be respectful and professional and have a solid knowledge of services available through DSS and the community. A team approach should be used with a high level of input from the family. Problem-solving should be done, as a joint process, with each agency or individual having clear tasks and goals. The feeling of most participants seems to be that although more training in the areas of public health and retardation would be beneficial, it is imperative that social workers have better understanding and information regarding mental health and domestic violence issues.

Information, Referral and Follow-Up

A large majority of the participants felt that in order to complete information and referral successfully, there needs to be at least one skilled person identified at each site and this function needs to be standardized statewide. This person's role would include ensuring that updated written information on all public, private, and grass root agencies that serve the geographic community is available in needed languages. Participants also felt that the information and referral function should include follow-up, i.e., working with the family until an identified service is in place. Adolescent participants wanted to ensure that the TEEN card (a wallet-size card which provides telephone numbers to various adolescent support services) is updated and available at all times.

CHINS Intake

There was widespread agreement that the CHINS laws and process, as they presently stand, do not work. Several focus groups and survey respondents identified the need to change the focus of intervention from CHINS—*Child* in Need of Services—to FINS—*Family* in Need of Services. Participants felt that the law itself was flawed and described the process as often destructive. They felt that too often court-ordered out-of-home placements occurred that could have been avoided if the family had requested services from DSS and DSS provided an active, home-based intervention. Participants stated that court intervention places the emphasis on the “acting out adolescent” rather than a more holistic view of family dynamics, struggles, strengths and support systems. This emphasis, in general, does two things: it disempowers the parent and leaves them without responsibilities or a role in the problem-solving; and sends a message to the child that the adults are not always able to help them be safe. Several participants also suggested that there should be more training and education of court members and that every court should have a DSS liaison in place. Most participants indicated that there needs to be more mediation present in the courts and that DSS and the court need to have adolescent trackers and family based services available when a family enters the system.

b. Re: Improving access

There was a strong consensus in the responses from both focus groups and surveys regarding the need for change in the way services are accessed at the Department's “front door.” They spoke of the need for area office accessibility, including proximity to public transportation whenever possible. They also said that the office should be comfortable, child friendly, and clean.

Several of the DSS staff focus groups and the foster/adoptive parents focus group discussed the need for a different intake for families requesting post-adoption services than is presently available. They felt that social workers trained in adoption/foster care and trauma and loss should be assigned to this intake. The foster/adoptive parents were poignantly able to express their sadness that generally their experience in this area is of exclusion. They find that having been in an active partnership relationship with DSS, they are suddenly being blamed for problems that may have been there long before their family became involved with the child. For the most part, they state that they are removed from any decision-making and their input is ignored. There is no acknowledgement of the difficult and wonderful job of taking care of children they may have done previously and may still be doing.

Most participants agreed that advertisement of DSS services would be helpful, although DSS staff focus groups indicated concern that area offices must be able to have enough staff to deliver what is advertised.

Initial contact, including an investigation, needs to be made less frightening. Suggestions were: to be proactive in the community; carry out trainings and informational meetings at schools, churches, day care centers, etc.; be available to speak to parent and civic groups; be actively involved with media, including the DSS website; provide up-to-date, informative brochures and pamphlets.

Most focus groups and survey and respondents discussed the differences in the family's DSS

experience based on the quality of the social worker. When the worker is objective, well-trained, mature, culturally competent and listens carefully to the family's expressed needs, most families feel that the process is positive and accessible. Participants felt that if DSS responses were generally respectful and information was presented clearly to the families and the community, trust would be more easily built.

c. Re: Responding to family when no DSS services are appropriate

As mentioned above, participants indicated that DSS needs to have the ability to offer information, referral and follow-up services that are able to serve as a bridge into other more appropriate services. The Department also needs to offer written information, in all necessary languages, with detailed descriptions of alternative community and public agencies and services. This should also include accurate names, addresses, and contact persons.

d. Other changes needed to intake

In order to ensure a positive and productive intake experience, respondents indicated that certain enhancements and changes are needed. The need for teamwork with DSS, the families and any other agencies or support systems available was mentioned. The courts were seen, almost unanimously, as a challenge. Many participants felt that DSS needs to continue to work toward positive and respectful professional relationships with families and that trainings and education would help toward that goal. Many participants felt that they could use continued support from the legal staff which should expand into the CHINS arena. Probate court was also an area that some participants felt needed area staff available for consulting purpose around custody issues.

Many participants indicated that intake must be more sensitive to parents' feelings of being invaded and shame that often occur during 51B investigations. They also felt that intake should make problem-solving and services available to families more quickly. Most of the DSS staff and all of the consumer focus groups felt that DSS needs to do a better job of working with families. There should be a more humane approach, one in which the families are treated without prejudice, as people who are struggling with certain challenges, yet striving to be a functioning healthy unit. Family strengths are not being adequately emphasized, nor are those achievements of which the family is most proud. There was an overall sense that the social workers need to achieve a higher level of communication with all parties during intake. However, it was noted that social workers are often constrained due to caseload issues.

Most participants felt that there is a universal need for training on the following topics: mediation, strengths based interventions, interviewing, listening techniques, relationship building, anger management and maintaining boundaries.

2-A. Helpful Aspects of Current Intake Staff Preparation

DSS staff were asked to identify helpful aspects of preparation to provide intake and what needed to be improved. Most participants felt that the investigation training currently offered through the Training Unit is excellent and that all social workers regardless of their assigned tasks would benefit from this training. Supervision, mentoring, shadowing, and team responses were thought to be key to the new worker's learning experience. Many participants suggested that values clarification along with sensitivity training would be helpful in increasing respectfulness toward the families.

Respondents indicated that any opportunity to become better prepared in dealing with parents, children or the community was helpful.

2-B. Changes Needed to Intake Staff Preparation

a. Re: Intake staff education and training

Some participants felt that there is too much specialization in the agency which allows for only a limited understanding of overall case practice and family dynamics. Most participants seemed to feel that intake workers should have experience in all other areas of practice and assessment workers should have provided ongoing casework.

Most participants felt that investigators need to be supported in being objective, impartial and professional and that training in strengths-based casework should be available to all. Investigators need to be encouraged to access Family Based Services (FBS) and Family Group Conferencing (FGC) at the beginning of their involvement with the family. The families should be helped and supported in developing skills in building relationships to the community and other agencies and accessing area resources.

b. Re: Supports for intake staff

Most participants felt that investigators and supervisors should always have the option of using a team when they deem it necessary.

One DSS staff focus group suggested that DSS use better accountability and more consequences, especially during probationary periods, to identify and work to improve the skills of social workers who do not appear able to do the job.

c. Other changes needed to intake staff preparation

Some participants felt that more thought should go into individual case assignments. Most participants felt that the families should be quickly responded to and there should be a high level of communication between all parties during the intake period.

II. PROTECTIVE INTAKE

Both focus groups and survey respondents were asked to identify what changes, if any, DSS should make in the way it responds to 51A reports of child abuse and neglect.

3. Changes Needed in DSS 51A Response

a. Re: Preparation of families on whom 51As are filed

Most participants indicated that families need to be treated in a non-accusatory way and that DSS should be respectful and fully informative, regarding what the process could entail. Parents and verbal children should be asked what they think is going on, and that information should be included in the investigation report. Parents should have a clear understanding regarding what the safety concerns are for their children and their responsibilities to maintain safety. Fathers need to be engaged early in the process, even if they do not live in the home with the child. The investigator should not threaten a parent who is powerless to change a situation, e.g., the battered woman. However, they should have available outside services that might alleviate the danger.

Consumer participants felt that if children are to be placed, the parent should clearly understand exactly why each one is being placed. After children are placed, DSS should maintain contact with the parents to let them know that the children are safe and provide information, whenever possible, regarding the placement and living environment. DSS should be respectful toward parents and, whenever possible, partner with them in problem-solving.

Most participants felt that DSS ongoing social workers should accompany the investigator when a 51A report on their ongoing cases is investigated. Foster parents felt that the family resource worker

should be part of the intake and investigation, including the decision-making, on 51A reports involving foster/pre-adoptive homes.

Most participants felt that letters and parent guides should be in the primary language of the family and that the social worker doing the investigation should be culturally competent and able to communicate with the family. They also noted the importance of ensuring that all information gathered is recorded accurately in FamilyNet.

b. Re: Requirements regarding visiting homes, viewing children and interviewing family and household members

DSS staff and community and professional representatives were asked to comment on DSS protective investigation procedures. Most participants stated that all members of the family, including identified extended family, need to be interviewed. All verbal children need to be interviewed, and most participants, including the adolescents, felt that children should be interviewed alone, separate from the rest of the family. All non-verbal children should be viewed. Parent participants felt that this was not appropriate and requested that a lawyer or another identified adult be present when children are interviewed. Foster parent participants stated that their biological children should not have to be interviewed when the report involves a foster/adopted child.

c. Re: Contacts during investigations and procedures to be followed

Most participants stated that EVERY collateral involved with the family should be interviewed, particularly those with direct contact such as the teacher or principal or physician. Criminal Offense Record Information (CORI) and police checks should be completed during all investigations. All parties identified by the parents should be interviewed, and those interviews should be included in the investigation report.

Several participants, including DSS attorneys, identified that obtaining information from some collaterals has become more difficult due to the federal Health Insurance Portability and Accountability Act (HIPAA). They suggested that DSS needs to provide ongoing training to the collateral community regarding the rules of confidentiality during an investigation.

d. Re: Changes to emergency response procedures, child & worker risk/safety assessment

Most participants felt that emergency responses should involve a team and that a FamilyNet DSS history search, CORIs and police checks should be completed routinely before an investigator goes to the home. Many participants felt that the risk factor matrix is an excellent guide and should be used on a regular basis. Many participants indicated that investigators should be experienced in crisis intervention and have a calm, respectful and mature approach. It was felt that if immediate support such as Family Based Services or a Family Stabilization Team was available, then families would feel helped, placements could be avoided, and the Department would be provided better insurance that vicarious victimization would not occur after DSS leaves the home.

e. Re: Responsibilities/procedures for investigation outcome and disposition determinations

Most participants felt that the responsibility for outcomes and determinations should be held by all investigation participants. Currently, decision-making is ultimately in the hands of the intake manager, supervisor and social worker; however, collaterals and families should have active input throughout. The responsibility for communicating the outcome and determinations should belong to the investigator and/or supervisor. The mandated reporter and family should be verbally notified whenever possible of the outcome. If the case is to remain open, ideally the investigator should introduce the next social worker to the family.

Foster/adoptive parent participants indicated that their investigations often exceed the 10 calendar day time frame and the appeals process takes up to two years. They also felt that their reports were screened in when similar reports on schools or residential programs were more often screened out.

f. Re: Changes to institutional relationships/procedures

Most participants felt that good investigations depend on the relationships formed with families, school, community agencies, other Executive Office of Health and Human Services (EOHHS) agencies, police, court, and the District Attorney. All levels of DSS should work hard to maintain and improve these relationships. DSS should also improve its public relations through the expanded use of media, publicity and speaking engagements and meetings with various community systems.

Foster/adoptive parent participants felt that their relationship changes immediately from a partnership to a hostile one when they are involved in an investigation. They suggested that the Family Resource Liaison be more active in the screening and investigation process and that investigators be better trained and more sensitive in this area. They also feel that they would like a legal description and a statement of the consequences of “frivolous reports.”

g. Other changes needed to protective intake

Some participants felt that the process of deciding to complete an emergency response needs more clarification and standardization. More training needs to occur around true “imminent risk to a child.” Also, there should be more verbal communication with the legal department before a decision is made to remove a child.

Virtually all consumer participants and most other participants felt that the change of workers at the end of the investigation was not conducive to relationship-building. Most DSS participants felt that ten calendar days was not enough time in which to complete an investigation and provided two suggestions: one, change the time frame to ten working days; or two, combine the investigation with the assessment process.

Most consumer participants felt that changing workers was not helpful, unless there were conflicts. They also recommended that when conflicts exist, there should be a formalized process for requesting a new worker.

Most participants agree that there is a need for bilingual, bicultural social workers who are also culturally competent.

Families said that they want to be included in the identification and selection of services; as one parent said, “They (social workers) describe the menu of resources, but you never get to see it or choose the ones you need.”

One region suggested that the Judge Baker contract be terminated and that responsibility be returned to DSS. Other participants indicated that Hotline supervisors need to be available the day following an emergency and that Hotline workers must testify at the 72 hour hearing.

III. CHINS INTAKE

Focus groups and survey respondents were asked generally what changes are needed to improve the way DSS helps the Child in Need of Services (CHINS).

4. Changes Needed to CHINS Intake

a. Re: Ways DSS might better address service needs of teens and their families

Most participants felt that CHINS intake was in serious need of change. They felt that there was a need for increased diversion and information/referral/follow-up systems to work with families. Supportive services need to be accessible as soon as families enter the system, e.g., voluntary requests for service, parent education, training, mediation, tracking, Family Based Services, Family Stabilization Teams, teen peer groups, and random drug screens. These interventions would help avoid unnecessary out of home placements. Also, the CHINS law has to be changed to a family

focused approach (“FINS” for “Families in Need of Services”). If protective issues apply, then a Care and Protection petition should be filed to ensure parental responsibility and involvement.

Most participants felt that DSS would benefit by having a court liaison in every court. There needs to be a respectful relationship between the court (judge and probation), DSS, the parents or caretakers, and the child. Most DSS social workers felt the need for legal help in working on their relationship with the court. Two programs were mentioned as successful in improving CHINS experiences – Wayside’s Take Charge Program and the Harbor DSS area office CIRCLES Program.

b. Re: Changes needed to DSS’s work with courts in CHINS situations

Most participants stated that DSS needs to improve its relationship with the court system. There is a need for active teamwork. DSS needs to encourage courts to refer families to the area office before making out of home placements. This would decrease the number of placements and allow the DSS social worker time to assess the needs of the family and offer the needed services. If a court liaison were in every court, there would be more opportunity to have a team approach with many different ways of looking at the solution. The team should include the parent and the child.

c. Other changes needed to CHINS intake

Many participants felt that the adolescent protocol and the independent living skills assessment are tools that should be kept up-dated and used throughout the Department's work with adolescents and their families. The CHINS referral process needs to be standardized throughout the state and allow time, except in an extreme emergency, for a family, the court, and the Department to make a thoughtful action plan. This process must have the support and understanding of the court in order to be successful. DYS and DMH should be more actively included in interactions with many of the families. Most participants felt that court ordered, emergency CHINS placements rarely work and at times can be more harmful than the child remaining in the home. With that, they felt that there is a need for more family stabilization and home based services that can be easily accessed. Parental tasks, which may include parent education and training, need to be clear. Most participants felt that in order to reduce the “bounce” from placement to placement, more diagnostic beds need to be available. They also felt this would allow for a faster reunification, with appropriate supports, to the family. Many participants felt that there should be better statewide access to Commonworks.

Most staff participants felt that the schools, particularly when initiating a CHINS action, need to hold more responsibility for managing the case and providing an appropriate educational environment for the child.

IV. ASSESSMENT

Focus groups and survey respondents were asked to think about the assessment that DSS completes and to identify those aspects they find helpful and what, if anything, they would like to see changed.

5-A. Helpful Aspects of Current DSS Assessment

Most staff participants felt that it was important to complete assessments of families. Many felt that the family functioning part of the report was helpful in “pulling all the pieces” of the family situation together and they stated that they found the risk assessment tool valuable. Many also found that when there is an increase of strength-based statements and analysis in the assessment, that is helpful to all.

5-B. Changes Needed to Current DSS Assessment

a. Re: Involvement of families, youth and the community in the assessment process

Most participants felt that families, together and as individuals, should have an opportunity to contribute to the written assessment. The consumer focus groups stated that the process was not fully explained to them and that they had not received written information about the process like A Parent's Guide. They added that some of the social workers would observe the family and obtain information with an authoritarian stance, but were not active in helping solve the issues that brought DSS into their lives. The families were not asked, "What would be helpful right now for your family?" Examples of needed help they identified included: respite, child care, parent aide services. Most staff participants felt that exceptions to the assessment timelines should be allowable when the family is unavailable or uncooperative. Also, they thought there should be lower caseloads in order to afford them the time to do more in-depth assessment. They felt that the family should have a right to review an assessment and have input into the process. Parents should be actively involved in making genograms, timelines, and ecomaps which should be standard for all assessments.

Many participants, including virtually all the respondents to the legal survey, emphasized the need to ensure that all demographic information entered in FamilyNet is as accurate and complete as possible. All agreed that there is a need to better gather specific information and complete the missing parent/caretaker checklist for out-of-home parents, guardians, or potential caretakers. One DSS staff focus group felt that the checklist is too long and suggested perhaps support staff could be identified to gather most of this information.

The need to identify, locate and involve fathers at the outset of service delivery but definitely during assessment was identified by nearly all survey participants.

b. Re: Additional information that should be gathered and from whom

Most participants agreed that the assessment should document the parental supports, extended family, and those "with whom the children feel comfortable." Most participants stated that there needs to be more extensive collateral contacts included in the assessment. These contacts should be both professional and family recommended. Most also felt that all social workers should be trained in the aspects of a complete assessment, including: the need to gather family history, particularly around trauma, abandonment and loss issues and present dynamics; bio-psycho-social history; present and past functioning in the community; medical, legal, and educational information. Most felt that the person doing the assessment should have a weighted caseload and solid experience in ongoing casework. The adolescent focus group felt strongly that there needs to be a section of the assessment dedicated to educational history, including needs, strengths, areas of interest, etc.

All staff participants felt that the number of FamilyNet screens should be reduced and that spellcheck should be added to FamilyNet.

c. Re: Improving social worker transitions between intake, assessment and ongoing

The parent and adolescent focus groups felt that having the same worker from the beginning would be the most helpful. They felt there is too wide a difference between the way individual social workers treat families. They also felt that much of the information gets lost or distorted during case transfers. Many DSS participants noted that there is insufficient time to read entire records of their cases, even though they concurred it was important to do so. They also stated that transfers were difficult for families and should happen as infrequently as possible. Many participants felt there should be a standardized and fair mechanism for requesting a change of social worker when the relationship does not work.

The parent/foster and adoptive parent groups felt that too many expectations fall onto young, inexperienced workers, who have never had children and are not well trained in cultural competency.

d. Re: Benefits and recommendations about use of a team approach in assessment

DSS families, staff, community and professional representatives were asked to consider the use of teams in assessment. Most of these participants felt that some type of team approach is valuable and important. They felt that it provides a family and providers with multiple insights and sets the stage for a family based treatment approach. In addition, they felt that it could be very helpful in leading to an appropriate timely case closing and permanency for children. However, they also expressed concerns regarding the implementation of teams; compliance and caseload numbers were their primary concerns. One DSS staff focus group expressed concerns that different styles and maturity levels of DSS workers are reasons for concern for casework quality.

Many participants recommended a team approach that involved area level mentoring or the use of a specialist on a case by case basis.

e. Other changes needed to assessment

The parents, foster/adoptive parents, and adolescent focus groups felt that when children are placed at intake, the area office sometimes waits until completion of the assessment to return them home. They feel there is no need for this wait. Children should return as soon as the home is determined to be safe. They further stated that service plans should not wait until the end of the assessment to be written. Many DSS participants agreed that the service plan should be written as soon as possible and changed when necessary. The parent groups identified lack of transportation as a big factor in visitation non-compliance, and advocated for programs/monies to be in place to help with transportation to the area office or distant placements immediately, so that this problem is eliminated.

One DSS staff focus group stated that probate court was using the DSS assessment to replace court investigations and they would like that practice to end. Most participants felt some change should happen in the organizational chart regarding separate functions. One region recommended the elimination of all speciality units, while most felt that some combination of intake and assessment or assessment and ongoing could be better. Most were concerned about caseload issues and compliance.

6-A. Helpful Aspects of Current Protocols

Only DSS staff were asked for comments on the current assessment protocols. These provide guidance regarding independent living, substance abuse, domestic violence, assessment and service planning for adolescents and factors in evaluating parental unfitness. Most felt that the current protocols were potentially helpful. They wished that they could be made more up to date and dynamic for the experienced worker, but felt for a new worker they were a valuable, yet underutilized, tool. Many also described the need for improved skills in using the protocols so that family members were not just rotely responding to questions but their service needs were being actively identified and addressed. Participants further identified the need for a more comprehensive substance abuse protocol and for new mental health and education protocols.

6-B. Changes Needed to Current Protocols

Most participants identified needs for training around protocol use and more comprehensive substance abuse protocol. Most felt that mental health issues were their biggest challenge. They would like immediate training and protocols to help them better serve the many families who are struggling with these issues.

V. COMMUNICATION

Focus groups and survey respondents were asked to think about DSS communication during intake and assessment and to identify those changes they think DSS should make to improve communication with families and the community and within DSS.

7. Changes Needed to Improve Communication

a. **Re: What DSS needs to know to make appropriate decisions, especially regarding child safety and well-being**

Most participants agreed that there is a need for better communication in all areas. Internally, they felt that even at the area office level, there is a need for improved communication. Communication with attorneys was felt to be crucial to the functioning of the agency. Most would like more communication around case transfers. Although they recognize that legal caseloads are high, they would like to have attorneys regularly available in their area offices. They would like to expand attorney responsibilities to include help with CHINS. Attorneys indicated that they would also like more communication and contact with social work staff, including particularly conferences before an emergency removal, so that the agency has a more standardized definition of “imminent risk.”

With regard to written communication, DSS attorneys identified a need for legal training of mandated reporters regarding: their responsibilities to report and their liability; the use of information in the 51B investigation report and the possible need to testify in Care & Protection (C&P) petition hearings; the reason why investigators (not just screeners) must speak to them; the inappropriateness of “off the record” communications; HIPAA (for medical staff); and “Lamb warnings” (for therapists when C&Ps are filed or before). One respondent identified the need for additional form letters for routine functions such as scheduling home visits, HIPAA and Title 42 releases.

Participants also indicated that DSS attorneys need to be notified of any communication (written or otherwise) with an opposing attorney.

Most participants felt that interagency communications would be improved, if FamilyNet could be enhanced to interface with all the public agencies with whom DSS communicates.

The foster parents focus group unanimously felt that DSS often did not communicate with them as partners. They felt that DSS needs more information regarding the biological family, the circumstances that caused the placement, prior placement history, and medical/educational history. They stated that often there is an acute need for placement but DSS workers withhold information when they place the child.

b. **Re: Information needed by family members**

Most participants agreed that DSS families should be treated respectfully and carefully listened to and that they need to know the exact nature of DSS concerns and what steps are necessary to alleviate these concerns. Families also need to know what help is available to assist them.

Participants agreed that a truthful, honest stance, combined with a sense of a willingness to help and an empathic response, is the correct approach and results in the best working relationship. However, many DSS staff noted the enormous responsibility they hold regarding child safety and how it can supercede all other concerns in some circumstances. They asked for training to help in balancing serious child safety concerns with the need to be able to develop a meaningful, open and objective relationship with all members of the family.

c. **To make DSS communications more effective, respectful and useful**

Most participants felt that DSS needs to ensure that families and mandated reporters are informed verbally as well as in writing regarding the outcomes of their cases. As much as possible, they

should be part of the decision-making in this outcome and have a clear understanding of why specific decisions were made. They also feel that there should be a push for public relations, trainings, pamphlets and brochures that clearly explain the functioning of DSS. More support should be sought from the private sector.

Social workers should be mature and well trained for their responsibilities, including values clarification and cultural competency. At the area office level, there should be zero tolerance for disrespectful or biased behavior and immediate consequences for anyone with these behaviors.

d. Re: Specific information that should be included in DSS written communications

Most participants agree that written material should be available in the languages of the consumer communities being served. The DSS attorneys suggested that there should be more blank space in the form letters to allow a more individualized response. Pamphlets and guides that clearly delineate DSS functions and responsibilities and up to date resource booklets should be available in every DSS office.

e. Other needed changes to improve DSS communications

Participants indicated that the following would help improve DSS communications:

- Cell phones with caller ID
- Special provisions for the geographical diversity of individual offices
- Business cards
- Family Group Counseling involvement for most families at intake

Ongoing regular trainings by DSS staff for mandated reporters, professional and grassroots workers, community and parent groups, and local business.

VI. OTHER COMMENTS

The similarity of responses was striking. A great degree of agreement was evidenced regarding a great many aspects of the questions.

A statement from the foster/adoptive parents focus group may provide the most succinct summary of the situation facing DSS intake and assessment today as indicated in the responses: "DSS is rusty, it needs to be oiled." It is hoped that the information from this effort provides a useful first step in the redesign of the "front door" to DSS.

Appendix A

Sample Questions

The following questions (see bolded information), which were prepared for the Family Focus Groups, are representative of the questions asked of all focus groups and survey participants. Issues to consider were offered to stimulate discussion; there was no mandate to systematically explore them.

INTAKE

1. **Think about how families come into contact with DSS. What is helpful in the way that DSS initially connects with children, youth and families? What can be improved?**

Consider:

- When is DSS the right place to contact for help?
- How can the process of gaining access to DSS be improved for all types of situations—child abuse/neglect reports, court-involved families (including CHINS situations), families seeking services voluntarily?
- How should DSS respond when no DSS services are appropriate for the family?

PROTECTIVE INTAKE

2. **Think about how DSS responds to 51A reports of child abuse and neglect. What, if any, changes would you make?**

Consider:

- How should DSS prepare families when it receives a 51A report that a child is being abused or neglected?
- Who should DSS contact routinely during investigations: Parents? Children? Other Household members? Kin? Others?
- What kinds of procedures should be followed?

CHINS INTAKE

3. **What, if any, changes do you think are needed to improve the way DSS helps CHINS and their families?**

Consider:

- How can DSS better address the service needs of teens and their families? Think of 2 things DSS might do.
- What changes, if any, do you think need to be made in the way DSS and the courts work together in CHINS situations?

ASSESSMENT

4. **Think about the assessment that DSS completes. What aspects of the assessment do you find helpful? What, if anything, would you like to see changed?**

Consider:

- How can DSS improve the way that families, youth and the community are involved in the assessment process?
- What additional information should DSS gather? From whom should information be sought?

- How should the change of social workers between intake and assessment and between assessment and ongoing services be made easier for families?

COMMUNICATION

5. **Think about DSS communication during intake and assessment. What changes, if any, do you think DSS needs to make to improve communication with families and the community and within DSS?**

Consider:

- What does DSS need to know to make appropriate decisions, especially re: child safety and well-being?
- What information about DSS do family members need?
- How can DSS communications be more effective, respectful and useful?
- What specific information should be included in DSS written notifications?

Appendix B

Focus Group and Survey Support Staff

Focus Group Facilitators and Recorders

Foster/Adoptive Parent Group—Leo Farley and Judy Howard

Parent Groups (3 – One each for parents, fathers and Spanish-speaking parents)—Mary Kenney, Carl McCarthy, Christie Sawyer, Manuela DaCosta, Sandy Galindo, Daniel Lewis and Haji Shearer of the Family Nurturing Center

Adolescent Group—Maureen Messeder and Michelle Banks

Community Groups (2)—Pam Whitney, Joan Stiles, Manuela DaCosta and Leslie Akula

Professional Agency Group—Scott Scholefield and Leslie Akula

Direct Services Staff and Management Staff Groups (4)—Michael Pay, Linda Pastel, Margie Simone, Mary Santos, Gail Parker, Ray Pillidge, Joyce Newman, Dave Tack and Nicholas Holahan

Focus Group Trainers

Trainers for the Facilitators and Recorders: Joan Stiles, Manuela DaCosta, Christie Sawyer and Leslie Akula

Survey Coordinators

Legal Staff—Kate Potter

Continuous Quality Improvement Staff (including Special Investigations Unit, Case Investigations Unit, Foster Care Review Unit, Training Unit and Information Technology)—Barney Keezell.

Specialty Services Staff—Leslie Akula

Specialty Managers Staff—Kim Bishop-Stevens

Focus Group Project Manager

Beryl Domingo